

Please circle one: LIHTC Project HOME Project Both

## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT Office of Program Monitoring

BUILDING STATUS TABLE ATTACHMENT TO ANNUAL CERTIFICATE OF COMPLIANCE	
Compliance Year:	
Project:	Total Square Footage for BIN:
BIN#: DC	Total # of Units in BIN:
Building Address:	Applicable Fraction:
Telephone #:	Placed In Service Date:
Date Prepared:	

Please provide information on each household in the property as of the last day of the reporting year. The information on this attachment is to correspond with the information collected on the Certification/Recertification of Tenant Eligibility Form or other approved form. On-site inspections may be conducted to confirm the accuracy of the information submitted below. Use the codes listed in the instructions for completing the race and marital status columns.

## \* Unit Type 1 Tax Credit 2 HCVP (Housing Choice Voucher Program) 3 HOME

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qual	ified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recer	tificatior	Date	Head o	of House	ehold l	Informati	ion
	Footage	Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race		Marital H Status	Handicap Y/N
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\rightarrow$	
																							$\longrightarrow$	
																						$\vdash$	$\rightarrow$	
																							$\overline{}$	
																						$\vdash$	$\longrightarrow$	

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qua	lified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recen	tification	n Date	Head o	of House	ehold Ir	nformati	ion
		Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race	Sex N	Marital H Status	Handicap Y/N
																						-	$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	-
																								-
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
					<del>                                     </del>			-														$\vdash$	$\longrightarrow$	
					<del>                                     </del>			-										-				$\vdash \vdash$	$\longrightarrow$	
																							$\rightarrow$	
					<u> </u>																		$\rightarrow$	
																						$\vdash \vdash$	$\longrightarrow$	
					<u> </u>			ļ														$\vdash \vdash$	$\longrightarrow$	
																						$\vdash$	$\longrightarrow$	

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qua	lified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recen	tification	n Date	Head o	of House	ehold Ir	nformati	ion
		Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race	Sex N	Marital H Status	Handicap Y/N
																						-	$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	-
																								-
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
					<del>                                     </del>			-														$\vdash$	$\longrightarrow$	
					<del>                                     </del>			-										-				$\vdash \vdash$	$\longrightarrow$	
																							$\rightarrow$	
					<u> </u>																		$\rightarrow$	
																						$\vdash \vdash$	$\longrightarrow$	
					<del>                                     </del>			ļ														$\vdash \vdash$	$\longrightarrow$	
																						$\vdash$	$\longrightarrow$	

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qua	lified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recen	tification	n Date	Head o	of House	ehold Ir	nformati	ion
		Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race	Sex N	Marital H Status	Handicap Y/N
																						-	$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	-
																								-
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
					<del>                                     </del>			-														$\vdash$	$\longrightarrow$	
					<del>                                     </del>			-										-				$\vdash \vdash$	$\longrightarrow$	
																							$\rightarrow$	
					<u> </u>																		$\rightarrow$	
																						$\vdash \vdash$	$\longrightarrow$	
					<u> </u>			ļ														$\vdash \vdash$	$\longrightarrow$	
																						$\vdash$	$\longrightarrow$	

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qua	lified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recen	tification	n Date	Head o	of House	ehold Ir	nformati	ion
		Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race	Sex N	Marital H Status	Handicap Y/N
																						-	$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	-
																								-
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
					<del>                                     </del>			-														$\vdash$	$\longrightarrow$	
					<del>                                     </del>			-										<del>                                     </del>				$\vdash \vdash$	$\longrightarrow$	
																							$\rightarrow$	
					<u> </u>																		$\rightarrow$	
																						$\vdash \vdash$	$\longrightarrow$	
					<del>                                     </del>			ļ														$\vdash \vdash$	$\longrightarrow$	
																						$\vdash$	$\longrightarrow$	

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qua	lified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recen	tification	n Date	Head o	of House	ehold Ir	nformati	ion
		Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race	Sex N	Marital H Status	Handicap Y/N
																						-	$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	-
																								-
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
					<del>                                     </del>			-														$\vdash$	$\longrightarrow$	
					<del>                                     </del>			-										<del>                                     </del>				$\vdash \vdash$	$\longrightarrow$	
																							$\rightarrow$	
					<u> </u>																		$\rightarrow$	
																						$\vdash \vdash$	$\longrightarrow$	
					<u> </u>			ļ														$\vdash \vdash$	$\longrightarrow$	
																						$\vdash$	$\longrightarrow$	

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qua	lified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recen	tification	n Date	Head o	of House	ehold Ir	nformati	ion
		Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race	Sex N	Marital H Status	Handicap Y/N
																						-	$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	-
																								-
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\rightarrow$	
																							$\longrightarrow$	
																							$\longrightarrow$	
					<del>                                     </del>			-														$\vdash$	$\longrightarrow$	
					<del>                                     </del>			-										<del>                                     </del>				$\vdash \vdash$	$\longrightarrow$	
																							$\rightarrow$	
					<u> </u>																		$\rightarrow$	
																						$\vdash \vdash$	$\longrightarrow$	
					<del>                                     </del>			ļ														$\vdash \vdash$	$\longrightarrow$	
																						$\vdash$	$\longrightarrow$	

Unit #	Square	No. of	Unit	Head of HH	Current	Date	LIHTC Qual	ified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current	Recen	tification	Date	Head o	of House	ehold I	nformat	ion
	Footage	Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when	Income	Income	Rent	Rent	Allowance	Rent	Annual	Month	Day	Year	Age	Race	Sex I	Marital	Handicap
									Qualified		Percent					Income						,	Status	Y/N
																								,
																								i